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ABSTRACT

The handbook, in the format of an open letter to parents of hearing impaired (HI) children, responds to surveyed parent needs on parent concerns, books, resources, parent rights, and effectiveness of the aural/oral education method. Following identification of four major parent concerns such as increased awareness of the importance of the medical profession for early identification of HI in children, parents are directed to the appendixes for reading and resource lists, and publications on parents rights (e.g. choosing the most appropriate education program). Research supportive of aural/oral education is reviewed, and eight statements based on the research, which indicate importance of speech training, are presented. Among eight promises made to parents by professionals is, "insist on...a cascade of educational options for your children." A bibliography contains 17 citations. Appendixes include recommended reading, a list of resource organizations, sources for parent rights information, "Guidelines for Evaluating Programs for Children with a Hearing Impairment," information on Canada, and information on 21 independent schools and programs providing auditory/oral education for HI children. (MC)

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OPTION . . .

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PARENT HANDBOOK

(A handbook for parents of hearing-impaired children)

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OPTION
1983

EC 15.1690

This handbook has been developed as the result of a survey of parents in the United States and Canada conducted by Option in 1982.

Parents, in response to questions asked, indicated a need for a professional, understandable explanation of the auditory-oral/total communication controversy, a list of private oral programs in the two countries, and guidelines for evaluating programs for hearing-impaired children. This Handbook contains all three.

In addition, a list of books and articles found helpful by parents and professionals are included as well as resources considered important for parents.

Gratitude is expressed to the International Organization for Education of the Hearing Impaired for the Guidelines for Evaluating Programs for children with a Hearing Impairment (1980).

OPTION . . .

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AN OPEN LETTER TO PARENTS

OF

HEARING-IMPAIRED CHILDREN

Paper commissioned and
supported by OPTION.

An Open Letter To Parents

of

Hearing-Impaired Children

Introduction

It is with deep respect for you, as parents, that this Open Letter is written. One has but to peruse popular magazines and daily newspapers to find numerous articles advising parents on how to raise their children. Unless you have a deep sense of self and of your own abilities to meet the challenge of parenthood, the suggestions and advice given can surely cause great anxiety, self-doubt, guilt, and frustration. You who have a hearing-impaired child are even more vulnerable to the "professionals" so dedicated are you to "do the right thing" for your special child.

The purpose of this letter is not to add to these non-productive feelings, but is an attempt (1) to share with you the concerns of other parents of hearing-impaired children, (2) to recommend books that, hopefully, will be of help to you, (3) to identify resources, both organizations & persons, to which you can have recourse, (4) to apprise you of your rights as parents, (5) to summarize recent research on the variables

impacting on the success of oral communication, and (6) to outline future plans for responding to identified parent concerns.

Parent Concerns

In 1981 two parent surveys (IPO, 1981; OPTION, 1981) were developed and distributed across the United States and Canada for the purpose of identifying parent concerns. Responses obtained on both surveys indicate the major concerns of parents are for (1) increased awareness on the part of the medical profession of the importance of early identification of children with hearing impairment and the urgency for remediation, (2) information on quality aural/oral programs to assure the development of the auditory and speech potential of their children, (3) available resources for coping with their child's hearing impairment and responding to the unique emotional needs of the child, and (4) developmental guidelines against which to measure the progress of hearing-impaired children. Oral deaf adults were identified by the parents as important role models and sources for "measuring the success" of their own children.

These identified concerns and the plans for responding to them will be outlined later in this letter.

Books/Resources

If you, as parents, are anything like professionals, keeping up with the literature is an overpowering task. It is a temptation to suggest to you a few books and a limited list of resource organizations to make your search easier. To do so, however, would deprive you of your 'right to know' as well as imply that you are less than capable of being discriminating.

Requests by parents in the OPTION survey (1981) included an annotated reading list. This is provided in Appendix A. Organizations (Appendix B) which should be of help to parents desiring an aural/oral educational option for their hearing-impaired child is also provided.

Parent Rights

It is assumed that the majority of parents of hearing-impaired children are aware of The Education for All Handicapped Children Act of 1975 (PL94-142) and have to some degree exercised their right to participate in the development and application of the I.E.P. (Individual Educational Program) for their children. A recent study by Holman (1980) indicates, however, that though parents participate in affecting their child's educational plans (I.E.P.), they have been less than effective in influencing the educational setting in which their

child is placed. Since recent research, to be described later, indicates that the learning environment plays a critical role in the development of speech intelligibility and academic achievement, parents are strongly encouraged to become more knowledgeable of the steps necessary to assure their children an oral educational placement. Pamphlets, books, and articles which should provide helpful information in exercising your parental rights are listed in Appendix C.

Often, too, parents feel less than adequate in "asking the right questions" during meetings with professionals and/or when visiting educational programs. The American Organization for Education of the Hearing Impaired has developed a set of guidelines (Guidelines, 1980) for evaluating programs for hearing-impaired children. These guidelines are included (Appendix D) to assist you as you search out the most appropriate educational program.

In many cases the needs of your child may be most appropriately met in the mainstream of education. Just as parents need guides and professional assistance in determining which mode of communication is most appropriate for their child, so, too, is assistance needed to answer such questions as: "Is my child ready to mainstream?", "If not now, when?", "To what degree should he/she be mainstreamed?", "What supportive

services does he/she need in the mainstream and are they available?"

You, as parents, fortunately, are not required to unilaterally make decisions on mainstreaming. Teachers and administrators, too, are committed to the least restrictive environment as shown in a recent OPTION (1982) survey. Over 1200 children had been recommended for mainstreaming over the past 5 years by private oral programs in the United States and Canada. A book recommended, because of its thoroughness in presenting the criteria and process for mainstreaming, is In The Mainstream of Education, edited by Vera Froehlinger and published by the Alexander Graham Bell Association (See list of books).

For our Canadian parents an article from the Winter/ Spring (1981) issue of The Directive Teacher is attached (Appendix E). Though the passage in the United States of The Education for All Handicapped Children Act of 1975 is having its impact on educational options in Canada, government organizational difference would seem important information to share.

Research Supportive of Aural/Oral Education

Parents responding to the OPTION (1981) questionaire expressed the need for professionals providing objective

information to parents on the great debate of the oral versus total communication approaches to educating hearing-impaired children. Though objectivity, due to strong commitments by educators to a particular philosophy, is difficult, there is at present agreement in the field of deaf education that no one program nor approach to communication development meets the needs of all hearing-impaired children. The Volta Review, the periodical published by the principal advocate group for oral education, The Alexander Graham Bell Association, has always supported alternative appropriate placements for hearing-impaired children. Recently published books and articles emphasizing the individual needs of hearing-impaired children are those by Ling, Ling & Pflaster (1977), McGee (1979), Testut & Baldwin (1977), Mulholland & Hourihan (1977), and Northcott (1980), to name only a few. All these authors, despite their philosophical commitment to aural/oral education are first and foremost child advocates.

An attempt to present objective information on oralism and total communication will be made. The claim for objectivity lies in the fact that three (Jensema & Trybus, 1978; Rogers, Leslie, Clarks, Booth & Harvoth, 1978: and Sims, Gottermeier & Walter, 1980) of the recent studies compared students of aural/oral environments with those in total communication environments.

A fourth study (Ogden, 1979) was research carried out on graduates of private oral residential/day programs.

Two of the studies (Jensema & Trybus, 1978; Sims, Gottermeier & Walter, 1980) support the use of hearing aids and the oralness of the learning environment as factors conducive to speech intelligibility. The Jensema & Trybus (1978) and the Rogers and associates' study (1978) reveal a positive relationship between oral communication and academic achievement. The Ogden (1979) survey identifies the high level of education and professional careers of oral adults: Results (1979) show that the oral deaf adults (637) responding to the questionaire have higher levels of education (30.6% completed a minimum of a four-year undergraduate program) than that of the national average (15.6%). Forty-five percent of these oral deaf adults were holding professional and managerial positions. Too, the fact that 88.1% of these successful oral adults contribute their educational and professional success to their oral training should be a support to parents as you make educational decisions for your children.

Though those of us who are of the aural/oral persuasion interpret the above findings as supportive of educational environments which use only listening, speech and speechreading, it is possible that others could construe the results differently.

Lest that happen to you, as you strive to seek clarity around these philosophical issues, the following statements drawn from the above research, two 1977 studies (Karchmer & Trybus; Karchmer & Kirwin) and another 1978 study (Jensema, Karchmer & Trybus) are presented:

1. Parents most frequently (50.6%) use speech or speech and gestures when communicating with their hearing-impaired children (Jensema & Trybus, 1978, p. 4).

2. Children most frequently (40.8%) communicate with their parents in speech or speech and gestures (Jensema & Trybus, 1978, p. 4).

   Note: Speech in combination with gestures, fingerspelling and/ or signs was used less by children (16.8%) and parents (16.6%) (Jensema & Trybus, 1978, p. 4).

3. Teachers tend to communicate in speech to younger children to a much greater degree than to students 13-15 years and older (Jensema & Trybus, 1978, p. 10).

   Note: The majority (53%) of hearing-impaired children are mainstreamed by age 15 (Karchmer & Trybus, 1977, p. 4).

4. Children who had attended preschool programs showed greater use of speech after 8 years of age (lower limits of the study)(Jensema & Trybus, 1978, p. 13).

5. Hearing aid use is in direct relationship to use of speech (Jensema & Trybus, 1978, p. 14).

   Note: Hearing aids are worn in class and in the home/dorm from 75.0% - 83.5% by

hearing-impaired students enrolled as day students in residential programs, day schools for the deaf, full-time special education and integrated programs compared to residential/residential students (47.5%)(Karchmer & Kirwin, 1977, p. 10).

6. Use of speech is significantly related to the age at which a child was first fitted with a hearing aid (Jensema & Trybus, 1978, p. 15).

   Note: Students categorized in the Good Speech Group had worn hearing aids for a significantly longer period of time than had the Poor Speech Group (Sims, Gottermeier & Walter, 1980, p. 379).

7. Intelligibility of speech is in direct correlation to the use of speech; conversely students using signs fall into the categories of 'barely intelligible', 'not intelligible', and 'would not speak' (Jensema & Trybus, 1978, p. 16).

   Note: The Jensema, Karchmer & Trybus study (1978) showed that speech intelligibility differed according to educational environments with very intelligible and intelligible ratings being given to students in non-residential programs substantially more frequently than for residential students. (Comment: The Office of Demographic survey (the two 1978 studies cited above) do not separate out private versus public residential schools.) The Sims and associates study (1980) with post-secondary students had similar findings, i.e. 93% of the students in a Good Speech Group had been enrolled in day, hearing, and aural/oral private residential/day programs in contrast to the Poor Speech Group the majority (63%) of whom had attended programs with a total communication approach.

8. Children whose primary mode of communication is speech reach higher academic achievement levels (Jensema & Trybus, 1978; Rogers, Leslie, Clarke, Booth, and Horvath, 1978).

> The trend revealed in the Jensema & Trybus study (1978) is for the speech environment to be positively correlated with academic achievement and the sign environment to be negatively correlated (Jensema & Trybus, 1978, p. 17).
>
> Rogers and associates' study (1978) found that vocabulary and reading comprehension were significantly better for oral students (1980, p. 208).

Researchers often and rightfully so, express caution against broad and indiscriminate applications of research results. Let us assume that such caution is heeded, viz. that conclusions cannot be drawn to claim that in the cited studies X directly affected Y. Accepting that reality, if indeed it is real, the results of the research presented here still indicate that children using speech as their mode of communication are talking more, being fitted with hearing aids earlier, using amplification more consistently and reaching higher levels of academic achievement.

The above research has been presented to you, not to imply that one educational/communication approach is best for all hearing-impaired children. What it does intend to indicate is that claims of total communication to be "oral plus" just aren't true. If they were, would not the above findings be just the opposite of what they are?

The Future

Despite the research findings presented, perhaps because of them, the urgency for making the future of hearing-impaired children and their parents more hopeful is even greater.

As professionals we need and do promise you that a concerted effort is being made by all of us regardless of our philosophical commitments to:

(1) continue our support of your rights as parents by extending our knowledge and involvement in positively affecting federal/state funding for your children.

(2) insist upon, through our influence as professionals and our power as voters, a cascade of educational options for your children.

(3) meet with and support hearing aid manufacturers in building better and less expensive hearing aids.

(4) develop a program directed at informing the medical profession of the need and benefits of early identification and remediation of all hearing-impaired children.

(5) be catalysts for improving teacher education programs to insure that graduates are even better prepared to meet the needs of hearing-impaired infants and hearing-impaired children of all ages, particularly in the areas of good listening skills, intelligible speech, cognition, language and reading.

(6) continue research efforts in how to raise the achievement scores of all hearing-impaired children.

(7) support audiologists in their skills of identification and hearing aid fitting and to draw the professions of education and audiology into an even closer relationship of service to your children.

(8) make more evident to the public at-large the education of hearing-impaired children, their positive achievements and their rightful status in our society.

If these promises of professionals are fulfilled, and we pledge our efforts to do so, we then have the right to offer challenges to you. A hearing-impaired child, like every other child, needs unconditional love, acceptance for the unique person he/she is, daily challenges to be a more complete human being, daily encouragement in his communication efforts, models of morality and spirituality, assistance in developing a healthy personality and emotional development, and a sense of belonging to and sharing the joys and heartaches that are part of all life. You, the parents, can provide these in a way no professional can.

If we as professionals fulfill our promises to you and your children; if you as parents meet the unique challenges demanded by a hearing-impaired child, what hope there is in tomorrow! Let us begin today!

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Holman, G.L. Due process: A status report on schools for deaf children. American Annals of The Deaf, 1980, 125, 92-102.

I.P.O.: Response to questionaire. Newsounds, 7 (2), 1982.

Jensema, C., Karchmer, M. & Trybus, R. The Rated Speech Intelligibility of Hearing Impaired Children: Basic Relationships and a Detailed Analysis. Washington, D.C.: Gallaudet College, Office of Demographic Studies 1978, (Series R, Number 6).

Jensema, C. & Trybus, R. Communication Patterns and Educational Achievement of Hearing Impaired Students. Washington, D.C.: Gallaudet College, Office of Demographic Studies, 1978, (Series T, Number 2).

Karchmer, M. & Kirwin, L. The Use of Hearing Aids by Hearing Impaired Students in the United States. Gallaudet College: Office of Demographic Studies 1977, (Series S, Number 2).

Karchmer, M. & Trybus, R. Who are the deaf children in 'mainstream' programs? Washington, D.C.: Gallaudet College, Office of Demographic Studies 1977, (Series R, Number 4).

Ling, D., Ling, A.H. & Pflaster, G. Individual educational programming for hearing-impaired children. The Volta Review, 1977, 79, 204-230.

McGee, D.I. IEPs for hearing-impaired children: Information for parents and teachers. The Volta Review, 1979, 81, 199-210.

Mulholland, A.M. & Hourihan, J.P. Parents and due process in the education of the handicapped: A case history. The Volta Review, 1977, 79, 303-316.

Northcott, W. On behalf of parents in the I.E.P. process. The Volta Review, 1980, 82, 7-13.

Ogden, P. Experiences and Attitudes of Oral Deaf Adults Regarding Oralism. Unpublished doctoral dissertation, University of Illinois, 1979.

OPTION mainstreaming survey. Unpublished results in OPTION files, 1982.

OPTION parent survey. Unpublished data from files of The International Council of Private/Independent Oral Schools, 1981.

Rogers, W.T., Leslie, P.T., Clarke, B.R., Booth, J.A. & Horvath, A. Academic achievement of hearing impaired students: Comparison among selected subpopulations. British Columbia Journal of Special Education, 1978, 2, 183-207.

Sims, D.G., Gottermeirer, L. & Walter, G.G. Factors contributing to the development of intelligible speech among prelinqually deaf persons. American Annals of The Deaf, 1980, 125, 374-381.

Testut, E.W. & Baldwin, R. Educational options. The Volta Review, 1977, 79, 281-286.

APPENDIX A

(Recommended reading)

READING RECOMMENDED

FOR

PARENTS OF HEARING IMPAIRED CHILDREN

** Available from: Publications Department
The Alexander Graham Bell Association
for the Deaf, Inc.
3714 Volta Place, N.W.
Washington, D.C. 20007

NORMAL CHILD DEVELOPMENT

The First Twelve Months of Life (1978)
Frank Caplan, Editor
Bantam Books, Inc. ($3.95)
666 Fifth Avenue
New York, N.Y. 10019

The Second Twelve Months of Life (1981)
Frank & Theresa Caplan
(Same as above)

The First Three Years of Life (1978)
Burton L. White
Avon Press ($4.95)
959 Eighth Avenue
New York, N.Y. 10019

The First Five Years of Life (1940)
Arnold Gesell
Harper & Row
49 East 33rd St.
New York, N.Y. 10016

Up the Years From One to Six

Department of Health & Welfare
Ottawa, Canada

Kohlberg's Stages of Moral Development
(A speech presented in Cleveland, 1974)
The speech may be obtained on cassette tape
Pennant Educational Materials
San Diego, California 92120
(Pennant Catalog #3013)

BASIC INFORMATION AND CURRICULUM

** Auditory Training (1982)
Norman Erber ($14.95)
Suggests many ways to provide hearing-impaired children with useful hearing experiences.

** Aural Habilitation: The Foundation of Verbal Learning in Hearing-Impaired Children (1978)
Daniel Ling & Agnes Ling ($12.50)
Provides information essential to the planning of individual educational programs for hearing-impaired children.

** Curriculum Guide: Hearing Impaired Children - Birth to Three Years (1972)
Winifred Northcott ($11.95)
Description of a comprehensive infant program with emphasis on auditory training and language acquisition.

Educational Audiology for the Limited Hearing Infant (1979)
Doreen Pollack
Charles C. Thomas ($14.75)
2600 S. First St.
Springfield, Illinois 62717
A comprehensive program of auditory training.

Educational Strategies for the Youngest Hearing Impaired Child (0-5) (1977)
Marya Marilya & Bernadette Mignone
Lexington School for the Deaf
30th Avenue & 75th Street
Jackson Heights, N.Y. 11370
Offers suggestions for strategies in developing cognitive skills in young children.

** I Heard That (1978)
Winifred Northcott ($3.75)
This is a developmental sequence of listening activities for the young child.

John Tracy Clinic Correspondence Course (FREE)
John Tracy Clinic Language Guide (1976)
Mary S. Tidwell ($10.30)
John Tracy Clinic
806 West Adams Boulevard
Los Angeles, Ca. 90007

** Learning to Listen: A Book by Mothers for Mothers of Hearing-Impaired Children (1981)
P. Vaughn, Editor ($5.95)
A revised version of the 1976 publication. Written by six parents, this book describes how the children (of the 1976 edition) have progressed as listeners and speakers.

Never Too Young (Lexington School Series)
Virginia Stern
(See above: Lexington School for the Deaf)
Language and listening opportunities in everyday home activities for children (0-8).

** Part of This World (Film) (1981)
Developed at the Louisville Deaf Oral School, this film is a sensitive portrayal of how two parents learned to cope with, understand and accept their child's deafness.

Play It By Ear (1960)
E. Lowell & M. Stoner
John Tracy Clinic ($5.20)
(See above)
Auditory training games for young deaf children.

** Today's Hearing Impaired Child: Into the Mainstream of Education (1981)
Vira J. Froehlinger, Editor ($14.95)
A practical guide for teachers, parents, & administrators, this publication not only addresses mainstreaming, but provides comprehensive developmental charts and guides for decision-making and remediation.

PARENTING

** Chats With Johnny's Parents (1975)
Audrey Simmons - Martin ($4.50)
Basic information for parents who have just discovered their child is hearing impaired.

(The) Challenge for the Family of a Child Born Deaf
Theddore Blumberg
William Heinemann Medical Books, Ltd.
London, England
(47 pages - 2.95 in English pounds)*

** "Counselling: Lessons parents have taught me."
Albert Murphy
The Volta Review, 1977, 79, 145-152

Our Deaf Children (1963)
Freddie Bloom
William Heinemann Books, Ltd.
London, England
The mother of a hearing-impaired child gives an excellent introduction to the problems of a hearing loss.

**"Deafness and motivation for achievement: Research with implications for parent counselling."
Michael Stinson
The Volta Review, 1978, 80, 141-148

(The) Hearing Impaired Child and the Family (1981)
Michael Nolan & Ivan G. Tucker
Souvenir Press
London, England
(338 pages - Hardback: 6.95 in English pounds*
Softback: 4.95 in English pounds*
* U.S. dollars should be approximately twice these figures.)

Living With Children: New Methods for Parents & Teachers (1976)
Gerald R. Patterson
Research Press Co. ($6.95)
Box 3177
Champaign, Ill. 61820

Logical Consequences: A New Approach to Discipline
Rudolph Dreikurs & Loren Grey
E.P. Dutton Press ($4.95)
2 Park Avenue
New York, N.Y. 10016

** "Parenting a Hearing Impaired Child: An Interview With Ken Moses" (Psychologist). The Volta Review, 1979, 81, 73-80.

Parents Are People Too (1980)
Laura Knox
Prentice-Hall, Inc. ($5.95)
Box 500
Englewood Cliffs, New Jersey 07632
Emphasizes the joys and challenges of parenting. Practical suggestions are offered for meeting these challenges.

Parents Are Teachers: A Child Management Program (1971)
Wesley C. Becker
Research Press Co. ($7.95)
Box 3177
Champaign, Illinois 61820

** Parents In Action: A Handbook of Experiences With Their Hearing-Impaired Children (1978)
Grant Bitter, Editor ($5.50)
Thirteen parents discuss how they coped with the realization that their child had a learning loss. They share tips for language development, how to get the most "out of hearing" for children, plus many other valuable sharings.

P.E.T. - Parent Effectiveness Training (1970)
Thomas Gordon
McKay Press ($11.95)
#2 Park Avenue
New York, N.Y. 10016

** Raising Your Hearing-Impaired Child: A Guide for Parents (1982)
Shirley McArthur ($10.95)
Sharings by a mother of two hearing-impaired adults. Ms. McArthur "spells out the practical solutions to the innumerable daily problems involved in educating a hearing-impaired child."

Sharing The Street: Activities for all Children
(a Children's Television Workshop publication)
Barbara Koluski
Community Education Services, Dept. A
Children's Television Workshop
1 Lincoln Plaza
New York, N.Y. 10023
An important goal of this book and of "Sesame Street" is to help children develop attitudes that destroy narrow stereo-types of those who are different from themselves.

Teach Your Child To Talk: A Parent Guide (1977)
David R. Pushaw
Dantree Press ($5.95)
44 West 62nd Street
Suite 4 F
New York, N.Y. 10023

APPENDIX B

(Resource Organizations)

ORGANIZATIONS SERVING AURAL/ORAL HEARING IMPAIRED

CHILDREN AND THEIR PARENTS

The Alexander Graham Bell Association
for the Deaf, Inc.
3417 Volta Place, N.W.
Washington, D.C. 20007

The following are groups & services of the A.G. Bell Association who serve special interests of the association:

International Organization for Educators of the Hearing Impaired (Organization of teacher & administrators)

Internation Parents Organization (Parent group: membership available to individuals and school parent groups)

Oral Deaf Adult Section (Deaf adults who use and advocate oral communication)

Children's Rights (Services provided through the Washington offices in legislative issues and rights of parents. Each state has a Children's Rights representative as part of its network, FLAG (Federal and Local Action Group)

OPTION
414 West Ormsby Avenue
Louisville, Kentucky 40203

This is an internation (United States and Canada) council of private/independent programs providing aural/oral education to hearing-impaired persons. OPTION is an organization of programs; individual staff members are also members of the Alexander Graham Bell Association and one or more of its sections, viz. I.O.E.H.I., I.P.O., and O.D.A.S.

MISCELLANEOUS

Sibling Information Network
School of Education
Department of Educational Psychology
Box U-64
The University of Connecticut
Starrs, Connecticut 06268

International Counselling Center for Parents
of Hearing-Impaired Children
CONTACT: George W. Fellendorf, Ed.D.
COHI, Inc.
P.O. Box 2538
Laurel, Maryland 20708

Hearing Dog Program
American Humane Association
1500 Tufts Avenue
Englewood, Colorado
(303) 762-0342

Additional Resources

Annually The Alexander Graham Bell Association for the Deaf distributes a publications brochure with books and pamphlets. Many of these publications are on topics which are directed toward the needs of parents.

The Alexander Graham Bell Association is committed to auditory/oral education. The Volta Review is published seven times a year. This plus a periodic newsletter called Newsounds are received as part of membership. For parents, too, membership in the International Parents' Organization of A. G. Bell is available.

APPENDIX C

(Parent Rights Information)

ORGANIZATIONS REGARDING PARENT RIGHTS

Closer Look
Box 1492
Washington, D.C. 20013
(202) 833-4163

National Center for Law and the Handicapped, Inc.
1235 North Eddy Street
South Bend, Indiana

Children's Rights
Alexander Graham Bell Association of the Deaf
3417 Volta Place, N.W.
Washington, D.C. 20007
(202) 337-5220

Council for Exceptional Children
1411 South Jefferson Davis Highway
Suite 900
Arlington, Virginia 22202

Education Law Center, Inc.
Suite 800
605 Broad Street
Newark, New Jersey 07102
(201) 624-1815

READINGS ON PARENT RIGHTS

"On Behalf of Parents in the I.E.P. Process."
Winifred Northcott
Volta Review, 1980, 82, 7-13

"IEP's for hearing-impaired children: Information for parents and teachers."
Don McGee
Volta Review, 1979, 81, 199-210

In The Mainstream of Education
Vera Froehlinger, Editor
1981 (See earlier reading list.)

The Rights of Hearing-Impaired Children
Special issues of: The Volta Review,
1977, 79 (5).

"Placement in an Oral Program: A Due Process Procedure in California."
Candy Gilb
The Volta Review, 1979, 81, 160-167.

"Parents and due process in education of the handicapped: A case history."
Ann Mulholland & John P. Hourihan
The Volta Review, 1977, 79, 303-316.

"Family impact: Fallacies, feuds, and fundamentals."
Grant Bitter
The Volta Review, 1976, 78, 312-317.

The Families of Hearing Impaired Children.
Special issue of: The Volta Review, 1979, 81 (5).

A Resource Directory On PL94-142
Bruce O. Boston
Institute for Educational Leadership
The George Washington University
Suite 310
1001 Connecticut Avenue
Washington, D.C. 20036

Special Problems of the Deaf Under The Education for All Handicapped Children Act of 1975.
Donald W. Large
Washington University Quarterly, 1980, 58 (2).
Washington University
St. Louis, Mo. 63105
(Direct correspondence to the University.)

PL94-142 Mock Due Process Hearing (Audiovisual tape)
Education Law Center, Inc.
Suite 800
605 Broad Street
Newark, New Jersey 07102
(201) 624-1815

APPENDIX D

(A.O.E.H.I. GUIDELINES)

GUIDELINES FOR

EVALUATING PROGRAMS FOR

CHILDREN WITH A HEARING IMPAIRMENT

PREPARED BY

American Organization for Education of the Hearing Impaired

Professional Section of

Alexander Graham Bell Association for the Deaf

April 1980

GUIDELINES FOR EVALUATING PROGRAMS FOR CHILDREN WITH A HEARING IMPAIRMENT

The broad outlines of the philosophical basis of a good program for the education of children, including those with a hearing loss, are contained in Public Law 94-142, the Education For All Handicapped Children Act, passed by the United States Congress in November, 1975. A program is as strong as the people who organize, administer and implement it. Special attention must be given to the philosophical bases of a program, to its stability and the preparation of the people who are involved in carrying out its goals and objectives.

Public Law 94-142 makes a number of critical stipulations which must be adhered to by both the State and its localities. These stipulations include:

1. Assurances of extensive child identification procedures.
2. Assurance of "full service" goal and detailed timetable.
3. A guarantee of complete due process procedures.
4. The assurance of regular parent or guardian consultation.
5. Maintenance of programs and procedures for comprehensive personnel development including inservice training.
6. Assurance of special education being provided to all handicapped children in the "least restrictive" environment.
7. Assurance of nondiscriminatory testing and evaluation.
8. A guarantee of policies and procedures to protect the confidentiality of data and information.
9. Assurance of the maintenance of an individualized program for all handicapped children.
10. Assurance of an effective policy guaranteeing the right of all handicapped children to a free, appropriate education, *at no cost* to parents or guardian.
11. Assurance of a surrogate to act for any child when parents or guardian are either unknown or unavailable or when the child is a legal ward of the State.

The State education agency must guarantee that there is a written individualized education program (IEP) for each handicapped child in the State, developed jointly with the parents or guardian of each child and reviewed at least annually and revised where necessary. The local agencies must guarantee the same individualized program for all children within their educational jurisdiction.

Public Law 94-142 requires that the State educational agency be responsible for ensuring that all requirements of the Act are carried out. Moreover, all education programs within the State for all handicapped children, including all such programs administered by any other State or local agency, must meet State educational agency standards and be under the general supervision of the State education agency. This provision establishes a single line of authority within one State agency for the education of all handicapped children within each State.

Public Law 94-142 requires that every State and its localities, if they are to continue to receive funds under this Act, must be affording a free public education for all handicapped children aged 3 to 18 by the beginning of the school year, September 1, 1978, and further orders the availability of such education to all children aged 3 to 21 by September 1, 1980. Public Law 94-142 carried a special incentive grant aimed at encouraging the States to provide special education and related services to its preschool handicapped children. Each handicapped child in the State aged 3 through 5 who is counted as served will generate a special $300 entitlement.

Children in private elementary and secondary schools may receive assistance for their special education under this Act if:

1. Such children are placed in or referred to such schools by the State or local education agency *as a means of carrying out public policy*.

2. An individualized education program, as required by this Act, is maintained for such children in private facilities.

3. The special education at no cost to the parents.

4. The State education agency determines that participating schools meet the standards that apply to State and local education agencies.

5. The children served in such facilities are accorded the same educational rights they would receive if served directly by public agencies.

While schools in our neighboring countries to the north and south do not have mandated provisions for their educational programs for handicapped children, Public Law 94-142 could serve as a framework for observing the quality of the educational provisions in their own communities and schools.

The following are specific areas of concern which should be observed when making decisions about the quality of a school program for hearing-impaired children.

1.0 ADMINISTRATION AND SUPERVISION

1.1 Administrative Considerations:

1.1.1 The administrator/supervisor of the program has a firm philosophical/reality commitment toward the auditory-verbal components of education.

1.1.2 Administrators and supervisors have training and experience in these educational components.

1.1.3 Line-staff relationships are clearly defined.

1.1.4 Job descriptions exist for all positions.

1.1.5 There is a formal statement of the program components and objectives among the staff and parents.

1.1.6 Clear information regarding due process procedures, and parent/staff development of the individualized education program is provided as stipulated by Public Law 94-142.

1.1.7 The system provides for individualized programming in an auditory/oral or simultaneous method track.

1.1.8 The system provides a continuum of services within each track for educating children with hearing impairment in the least restrictive educational setting, including:

1.1.8.1 full-time regular class

1.1.8.2 full-time regular class with support

1.1.8.3 part-time regular class/part-time special class

1.1.8.4 full-time special class in regular school

1.1.8.5 full-time special class in special school

1.1.8.6 residential school placement.

1.1.9 Administrators/supervisors encourage cooperative utilization of services of other departments within a school district/county/region.

1.1.10 Administrators maintain a continuing public education program directed toward public school personnel, students in public schools, families, the medical profession, and the general public.

1.2 Supervisory Considerations:

1.2.1 Administrators/supervisors provide for formal coordination among levels of program:

1.2.1.1 preschool

1.2.1.2 elementary

1.2.1.3 secondary.

1.2.2 Supervision of programs for the hearing-impaired is carried out with emphasis on coordination with the regular school program.

1.2.3 On-site supervision of teachers and other personnel is provided.

1.2.4 Supervisors and teachers/personnel have regular staff meetings.

1.2.5 There is regular review/evaluation/observation of teaching staff by supervisors.

1.2.6 Leadership is provided in developing annual review procedures as well as other reporting/review measures to provide documented evidence of each student's progress.

1.2.7 Supervisors and administrators provide for periodic evaluation (minimum every 3 years) of entire program as to curriculum, teaching and staff placement, class size, job descriptions and other facets of the program.

1.3 Placement Considerations:

1.3.1 Administrators and/or supervisors are involved in initial staffing/placement/assessment procedures for each student.

1.3.2 Administrators/supervisors inform parents of all alternative programming options at all levels, including post-high school training beyond the service available in the district/school currently providing services.

1.3.3 A management information and retrieval system exists for the program, including a system of recording pertinent information on entering students, students already in the program and a formal flow system of information to teachers and staff members.

1.4 Staff Development:

1.4.1 Administrators/supervisors are responsible for staff development planning based on formal needs assessment.

1.4.2 Supervisors maintain staff development profiles for each staff member.

2.0 IDENTIFICATION, ASSESSMENT, PLACEMENT AND REVIEW

2.1 Identification

2.1.1 The school emphasizes the BIG THREE, that is:

2.1.1.1 Early identification

2.1.1.2 Early amplification

2.1.1.3 Early education

2.1.2 The school/district/county has an organized Child Find Program to locate students with special needs who are not being educationally served.

2.1.3 A written policy regarding referral, identification, assessment and placement procedures is available to parents and professionals.

2.2 Assessment

2.2.1 There are qualified personnel including classroom teachers formally assigned to assess children, preferably prior to placement.

2.2.1.1 Audiologist - with state license or Certificate of Clinical Competence in Audiology from American Speech-Language-Hearing Association.

1. Assess hearing functioning and amplification needs

2. Counsel parents and professionals regarding hearing loss and amplification needs.

2.2.1.2 Medical Practitioner - for health screening, with direct, clearly established referral procedures to physicians of parent choice, if necessary for complete medical evaluation.

2.2.1.3 Psychologist - State certified or licensed to assess intellectual aptitudes, sensori-motor and behavioral characteristics of the child.

2.2.1.4 Speech/Language Specialist/Teacher of the Deaf - State certified, CED certified or Certificate of Clinical Competence in speech from American Speech-Language-Hearing Association to assess child's current level of speech and and language functioning.

2.2.1.5 Social Worker/Intake Worker - to obtain parent input regarding child's strengths and needs.

2.2.1.6 Diagnostic Teacher - to carry out educational assessment at level of child's functioning, i.e., academic or pre-academic levels.

2.2.1.7 Vocational Assessment Worker - for secondary level students.

2.2.2 Due process procedures for parents are clearly delineated and ascribed to, with all rights clearly described in the language of the home.

2.3 Placement

2.3.1 Placement and individualized education programs are jointly developed by parents, members of the assessment team and supervisor or educational consultant to the program.

2.3.2 Provisions for continuing parent/family counseling are incorporated into individualized education programs and are provided immediately after initial identification at any level needed for the family.

2.4 Review

2.4.1 Clear, systematic provisions are made for annual review of each child's placement.

2.4.2 Provisions are made for review procedures whenever a change of program is recommended; for example, from one level program to another, into regular classroom or less restrictive environment, or any other needed change in the child's program e.g. support services.

3.0 PROGRAMS AND SERVICES

3.1 Audiological Services

3.1.1 Assessment of peripheral hearing to include at least pure tone audiometry (unaided and aided), speech reception, speech discrimination and impedance measurements.

3.1.2 Appropriate assessment and amplification for every child: individual and/or group amplification.

3.1.3 Monitoring of audiologic management of students in program.

3.1.4 Assistance to teachers in setting up formal individualized program for each child to develop maximum use of residual hearing.

3.1.5 Consultation with teachers and parents regarding practical aspects of use of amplification.

3.1.6 On-site evaluation and minor repair services for individual and group aids.

3.1.7 Availability of batteries, loaner aids and other reserve equipment.

3.2 Educational Programs - Options available, ages 0 through 21.

3.2.1 Infant/Family stimulation - ages 0 to 3.

3.2.2 Family intervention and preschool program - ages 3 to 5.

3.2.3 Elementary age program, including continuum of services model as expressed under administrative section - ages 5 to 12.

3.2.4 Secondary programs, including both an itinerant service and variations of self-contained models.

3.2.5 Vocational assessment, orientation and education and training available from age 9 through 21.

3.3 Support Services For All Levels, 0 through 12th grade.

3.3.1 Speech/Language Services

3.3.2 Counseling Services (for students and families)

3.3.3 Adaptive Physical Education

3.3.4 Mobility Training

3.3.5 Vision Services

3.3.6 Behavior Management

3.3.7 Driver Training

3.3.8 Hearing Clinician Services

3.3.9 Academic Tutoring

3.3.10 Oral Interpreters (Secondary Level Only)

3.3.11 Social Services

3.3.12 Career/Occupation Counseling and Placement Services

3.3.13 Others (as necessary for individual child).

4.0 STAFF

4.1 Minimum Staffing Considerations:

4.1.1 Teachers/staff members who are trained/certified in oral education and credentialed by State Department of Education.

4.1.2 Ratio of teachers and aides to children to insure attention to individualized needs of children.

4.1.3 Qualified substitute teachers when regular teachers are not present.

4.1.4 Art, music, and physical education provided children by certified personnel.

4.1.5 Vocational/career education provided by certified specialist.

4.1.6 Teachers and other professional staff members are provided with regular staff development based on formal needs assessment.

4.1.7 Aides, assistants and volunteers are provided an ongoing inservice training program.

5.0 CURRICULUM

5.1 Curriculum Considerations

5.1.1 There is a written curriculum in all academic areas, providing progressive continuity throughout the programs from ages 0 through 21.

5.1.2 Curriculum is designed to build personal responsibility and decision-making skills on the part of the students at all levels from ages 0 to 21.

5.1.3 Planned curriculum continuum is available at least in the areas of:

5.1.3.1 Language

5.1.3.2 Speech

5.1.3.3 Reading

5.1.3.4 Auditory Training

5.1.3.5 Math

5.1.3.6 Science

5.1.3.7 Physical Education

5.1.3.8 Social Studies

5.1.3.9 Counseling-Guidance

5.1.4 Regular review and re-design of curriculum is provided.

5.1.4.1 Curriculum is interfaced with that provided to students in regular schools in the community.

5.1.4.2 Curriculum is coordinated with that of total communication program to ease transfer of students from one instructional approach to another.

5.1.5 Care, storage and display of materials is adequate.

5.1.6 Quantity of usable materials/books is adequate.

5.1.7 Facilities exist for efficient preparation of teacher-made materials.

6.0 EQUIPMENT AND INSTRUCTIONAL MEDIA

6.1 Equipment and space is available for physical activity for students in program.

6.2 Instructional media is available and appropriate to student needs:

6.2.1 Overhead projectors in each classroom

6.2.2 Tape recorders

6.2.3 Language masters

6.2.4 Movie projectors

6.2.5 Filmstrip projectors

6.2.6 Video-tape

6.2.7 Television

6.3 Care, repair, storage and display of equipment is adequate.

7.0 PHYSICAL FACILITY

7.1 All classrooms used for teaching children with a hearing loss are acoustically treated.

7.2 Classrooms are physically located to minimize outside noise.

7.3 Lighting to facilitate speechreading skills.

7.4 Classrooms are located in close proximity to regular educational programs to facilitate staff (general and special education) and student interaction.

7.5 Custodial services are provided to maintain neat, clean facilities.

7.6 All other special needs are met according to age group.

8.0 TRANSPORTATION

8.1 Travel time is arranged to be as short as possible for each child.

8.2 Supervision is provided for students in transit.

8.3 Training is provided for transportation personnel.

9.0 PARENT INVOLVEMENT

9.1 Due process safeguards are observed.

9.2 Parents participate in development of individualized education program (IEP) and in review of IEP as well as in decisions regarding program and placement.

9.3 Parents of pre-school children are scheduled to visit oral programs in the region.

9.4 Parents are activeiy involved in supporting the oral education their children are receiving.

9.5 Parents are encouraged to visit classes and to participate in classroom instruction of students, when appropriate, with teacher cooperation and assistance.

9.6 Student progress reports are made in writing and in meetings with parents at regular intervals.

9.7 Parents receive help/information in working with their children at home.

9.8 Parent input is facilitated by administration and teaching staff.

10.0 COMMUNITY RESOURCES

10.1 Community resources exist to help meet the needs of students with a hearing loss:

10.1.1 Advocacy groups

10.1.2 Recreation programs coordinated with the school's general extra curricular activities.

10.1.3 Day Care

10.1.4 Medical care

10.1.5 Parent associations

10.1.6 Legal aid.

INTERNATIONAL SYMPOSIUM ON ORAL EDUCATION

(November 25 - December 1, 1979)

Definition of Oral Education for Profoundly Deaf Children

The International Symposium re-affirms the belief that deaf persons have the right and the ability and should have the opportunity to integrate into the social and economic mainstream of society. History and experience have demonstrated the validity of the oral approach to the education of hearing-impaired children including those who are prelingually deaf. The essential characteristics of oral education are:

1. A communicative system that uses speech, residual hearing, speech-reading and/or vibro-tactile stimulation in spontaneous discourse.

2. An educational system in which instruction (teaching) is conducted exclusively through spoken and written language.

COUNCIL ON EDUCATION OF THE DEAF

Resolution on Individualized Educational Programming for the Hearing Impaired (Deaf and Hard of Hearing)

(June 23, 1976, Reaffirmed December 10, 1979)

WHEREAS administrators of public education programs designed to serve the hearing impaired (deaf and hard of hearing) are charged with the legal mandate to provide individualized instruction and services to accommodate a wide range of communicative, cognitive, social behaviors of hearing impaired persons of school age without exclusion, and

WHEREAS the hearing impaired population (deaf and hard of hearing) of school age includes all children/youth with a hearing loss ranging from moderate to profound as measured through audiometric assessment and

WHEREAS the range of responsive behavior of school age children to educational intervention is open testimony to the fact that no single method of instruction and/or communication (oral or total communication), or educational setting can best serve the needs of all hearing impaired children (deaf and hard of hearing) of school age and

WHEREAS the Council on Education of the Deaf (CED) comprised of equal representation from the three professional organizations for the Deaf: Alexander Graham Bell Association for the Deaf; American Instructors of the Deaf; Conference of Executives of American Schools for the Deaf, reflects the position of educators/administrators of programs for the education of deaf and hard of hearing children

THEREFORE BE IT RESOLVED that the Council on Education of the Deaf (CED) hereby signifies its commitment to the initiation, expansion and improvement of educational options in order to serve every hearing impaired child of school age, in recognition of the right of every deaf or hard of hearing child of school age to have an appropriate individualized educational program including such aspects as: 1) the educational setting, ranging from partial or full time regular classroom placement to partial or full time educational programs offered in a special class in public/private day schools or public/private residential schools, 2) the method of instruction and instructional strategies which shall be employed during the school day, 3) the need for continuing monitoring, assessment and modification/ extension of each school age child's program including method of instruction and educational setting as his/her changing personal, social and instructional needs dictate.

APPENDIX E

(Canadian Information)

The Rights Fight in Canada

Betty Swindlehurst
Larry Eberlein
University of Alberta
Edmonton, Alberta
Canada

Canada's educational programs for the handicapped have not enjoyed legislation establishing the rights to equal educational opportunity as in the United States. Canadians have watched the rights movement in the United States with interest, but Canada does not have a tradition of individual civil rights as in the Bill of Rights of the U.S. Constitution. The concept of "no State shall make any law . . ." is contrary to the political and historical development of Canada. Provinces can make any law they please.

From this understanding we indicate why Canadian development has been different, explore the general Canadian educational perspective, using Alberta as an example, consider a recent court decision and its impact in the province.

The Canadian Difference

Canada's governing legislation is an 1867 Act of the British Parliament (The British North America Act—BNA Act) which did not consider people and individual rights but was a division of the sovereign authority of the State. While human rights legislation exists in all provinces, it is not the supreme law and can be limited at any time by other legislation. Under the BNA Act, education was deemed a provincial matter and it is now controlled by an Education Act in each of the ten provinces. All provincial school acts require school attendance unless properly exempted by the school board. Nova Scotia and Saskatchewan have inserted specific "right to education" clauses but have provided several large loopholes to permit exclusion. According to Bargen (1959), admission to public schools is not an absolute right of the child, but is a duty and a privilege granted by statutory law. Cruickshank (1979) agrees that this is still true and Gaffield and West (1978) conclude that children and juveniles in Canada today are still second class citizens.

Another difference between the U.S. and Canada is evidenced by Canadian public support for private and church-affiliated schools. Canada's public school systems represent the major religious group in the community and operate with public tax funds from provincial and municipal sources. In some provinces, both Protestant and Catholic school systems are supported by the government. In addition, a variety of private schools operate with primary funding from fees and donations by special interest groups, including churches. Many projects focusing on the needs of children with various handicaps have been available only in these private schools. Governmental authorities may offer grants to meet budget deficits or pay tuition costs at these schools.

Unique Canadian difficulties include the ambiguity of provincial legislation regarding the right of all children to be educated and the absence of criteria for admittance to programs. As well, only in recent years has there been a supply of school psychologists prepared to assess students and provide individual programs. For example, Alberta school boards have the power to establish special education programs but neither the Act nor its regulations provide mandatory rules for program implementation. Boards also determine assessment procedures, placement and appeal rights—if any (Cruickshank & Lacourciere, 1979).

One Million Children, the 1970 report of the Commission on Emotional and Learning Disorders in Children, identified ten per cent of the school population as having some degree of handicap. An estimated 700,000 are in need of extra educational assistance; a review of provincial education programs indicates only half that number are served. Provincial governments are attempting to cope with pressure exerted by professional and parent groups with specific funding and grants. However, most shy away from mandatory legislation or general funding. Low cost funding is double the regular student grants with severely handicapped students in special classes being funded at six times the usual amount.

The Carriere Case

In a 1978 landmark decision, Justice O'Byrne of the Edmonton District of the Alberta Supreme Court considered the case of Shelley Carriere, a 10 year old cerebral palsied girl suspended from school in her home county. Shelley had been maintained at a hospital school for two years at the county's expense. The hospital assessed her as mentally retarded and refused to continue her schooling. Subsequent evaluations demonstrated her to be of normal intelligence; the school board insisted the hospital should take her back but this request was refused. The parents finally went to court and obtained an order that mandated the school board to provide Shelley with schooling in her home county or pay the full costs elsewhere. The county did not have to set up a separate program for her, however; so she is attending a regular classroom while the board, two years later, was still trying to find a separate placement. As a result of this *cause celebre*, changes have been made in the provision of funding and facilities for the handicapped. The provincial government has provided special funding but has not amended the School Act to provide any additional right to a quality education. In preparation for this article we wrote to all four major school boards in the Province of Alberta to determine the effect of this decision on educational practices. Two comments represent the effect of this decision:

> The O'Byrne decision . . . definitely influenced our planning and is probably responsible for speeding up the process of educational programming for the severely handicapped. Unfortunately, the Alberta decision does not define acceptable parameters for a "suitable educational program," but the establishment of Program Unit Grants by Alberta Education provides additional funding to assist local school districts. (Note 1)

> Although the O'Byrne decision of August 1978 certainly focused a lot of attention on the rights of handicapped youngsters to public education, it is my belief that many school districts were exercising their responsibilities to handicapped youngsters through the existing legislation and grant structures prior to this decision. This school system certainly has recognized its responsibilities to provide as much direct service as possible to handicapped youngsters. However, this does not mean that we are able to provide a program for each youngster within schools of the district. There are some youngsters for whom we must serve as an advocate in order to access an appropriate placement which indeed may be outside of this school jurisdiction. (Note 2)

The Impact on Alberta

Alberta Special Education projects range from preschool to adolescence and involve about ten per cent of the school population either in learning assistance center/resource rooms for children with identified learning difficulties or more intensive programs for severely handicapped children.

Responding to concerns raised by the Carriere case, the Alberta government has committed itself to a major program for multi-handicapped children who are blind or deaf. Additional grants have been allocated to school boards so that professional and paraprofessional workers may be hired to teach seriously and mildly handicapped children. Special grants have also been awarded to the University of Alberta to set up special education programs in these areas. Commenting that the effects of the Carriere decision have been largely indirect, M. A. Strembitsky, Superintendent of Edmonton Public Schools, states that "An increasing number of

physically handicapped students are being integrated into regular class settings" (Note 3) in a move toward mainstreaming. Canadian educators are responsive to the plight of the handicapped, whereas the general public has not been. With public attention generated by Carriere and similar cases, governments are now responding to parent and other pressure groups' demands for additional funding. Inherent difficulties include rights legislation as well as the numbers of children previously maintained in institutions who will now be moved into regular school settings. Canadian programs will likely continue to be developed in a manner most adaptive to our own needs and educational legislation; however, the attention generated by U.S. advances will definitely have an effect upon public awareness and pressure for change.

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1. Nearing, J. J. (Acting Superintendent, Calgary Roman Catholic Separate School District). Personal communication, June 9, 1980.
2. Hart, W.G. (Superintendent, Pupil Personnel Services, Edmonton Catholic School District). Personal communication, June 18, 1980.
3. Strembitsky, M.A. (Superintendent, Edmonton Public Schools). Personal Communication, July 8, 1980.

THE Directive Teacher

APPENDIX F

(Information on Option)

OPTION . . .

OFFICE: Louisville Deaf Oral School
414 W. Ormsby
Louisville, Ky. 40208
PHONE: 502 636-2084

OPTION, which is an international council of private/independent schools providing auditory-oral education for hearing-impaired children, was established in 1981. It's purpose as indicated in the enclosed Statement of Purpose is to assure quality education in the private sector.

Data collected by OPTION programs indicates positive, shared relationships with public school programs for the purpose of supporting hearing-impaired students entering the mainstream.

Administrators and staffs of OPTION programs support the goals and purposes of The Alexander Graham Bell Association and the quality auditory-oral public school programs in the United States and Canada.

OPTION . . .

OPTION . . .

STATEMENT OF PURPOSE

Option is an international council of private/independent schools and programs providing auditory-oral education for hearing-impaired children. Believing that quality education for hearing-impaired has to a large extent historically been developed in the private sector, Option members join together to cooperate in 1.) sustaining this quality. 2.) maintaining individual program strengths, and 3.) providing leadership in the field of education of hearing impaired children.

This purpose is manifested by:

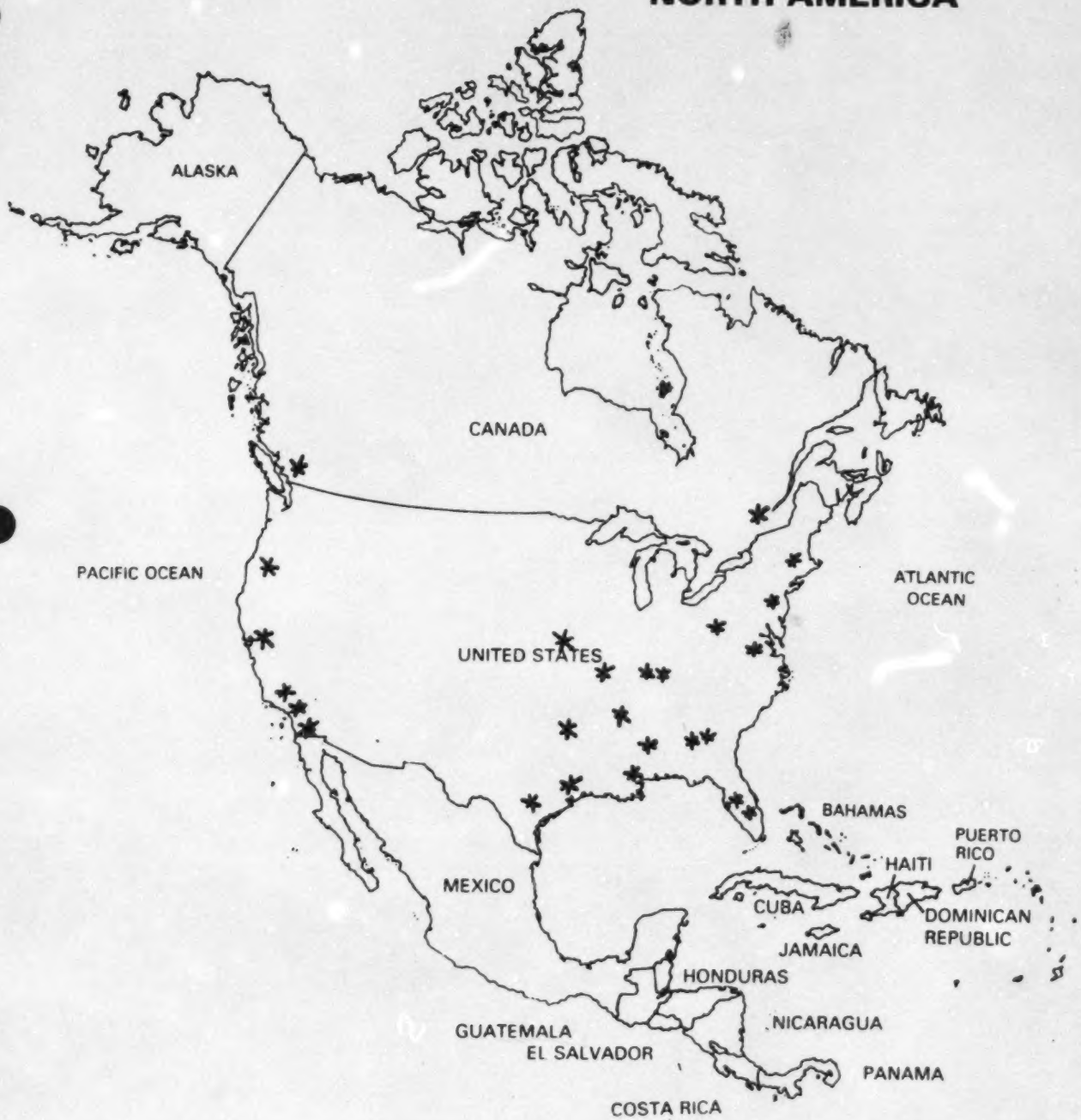
- continuing to provide models of quality educational programming
- stimulating research and data collection and encouraging the application of these findings.
- facilitating the dissemination of information to educators, parents, professionals and the public.
- fostering communication among members to assure continued growth in excellence.

Adopted: December, 1982

OPTION . . .

OPTION . . .

PROGRAMS (*) IN NORTH AMERICA



(SEE FOLLOWING PAGES FOR DETAILED INFORMATION.)

OPTION PROGRAMS

ORALINGUA SCHOOL

The Oralingua School is an aural-oral program for children with hearing impairments. Oralingua serves students 0 - 12 years of age. Components are as follows: 1) parent/infant tutorial services; 2) individualized program for each student; 3) experienced-centered, language oriented environment; 4) low teacher-student ratio...one teacher per 3-4 students; 5) proper selection and consistent use of hearing aids; 6) full utilization of the student's residual hearing; 7) daily individual tutoring; 8) team teaching.

7056 S. Washington Ave.
Whittier, Calif. 90602
(213) 693-1818
Mrs. Etta L. Fisher, Administrator

Oral Education Center of Southern California was founded in the Spring of 1970 by parents, educators and concerned businessmen. The Center provides day classes for children 0 through 13 years of age, itinerant services, lipreading classes, and tutoring in speech, auditory training and language development. An affiliation with UCLA provides multidisciplined services and research to the staff and families. A day care program for 30 children ages 2 to 6 on the same campus provides the deaf students with hearing models. Partial scholarships are available.

4061 Sawtelle Blvd.
Los Angeles, Calif. 90066
(213) 390-9687
Mrs. Carol Louise Proctor, Director

FOUNDATION FOR HEARING RESEARCH INC.
PENINSULA ORAL SCHOOL FOR THE DEAF

PENINSULA ORAL SCHOOL FOR THE DEAF was begun by a group of parents of deaf children who wanted to insure their child's inalienable right to learn to talk. It emphasizes cognitive development to develop language and speech through using the residual hearing that every child with a profound hearing loss usually has. Deaf children who can master thought patterns, and thus speech appropriate to their age level, can mainstream with their hearing peers. The school is dedicated to meeting five basic needs: 1) formal class training of preschool children; 2) individual tutoring sessions from the time a child's loss is detected; 3) an ongoing search for improved methods of amplification and education; 4) evaluation of mainstreamed children for academic deficiencies that may be alleviated through tutoring; 5) parent education. Admission is open to children in infancy and may continue as long as needed. Cost is determined by the family's ability to pay.

3560 Farm Hill Blvd.
Redwood City, Calif. 94064
(415) 365-1992
Mrs. Leahea F. Grammatico, Director

JOHN TRACY CLINIC

an educational center for preschool deaf children and their parents.

As an educational institution for the parents of preschool hearing-impaired children, John Tracy Clinic offers the following services: Hearing and developmental evaluations, Counseling for parents, a Nursery School program, a Demonstration Home program, weekly Parent Classes and a Summer Session program. Three Correspondece Courses are also offered: a Preschool Course, a Baby Course for parents of children under two years of age, and a separate correspondence course for parents of deaf-blind children. John Tracy Clinic was founded in 1942 by Mrs. Spencer Tracy and serves the preschool deaf child aged one month to six years. Day school in operation Monday through Thursday; all services FREE OF CHARGE.

806 West Adams Boulevard
Los Angeles, Calif. 90007
(213) 748-5481
Doctor Edgar L. Lowell, Director

Ecole Orale de Montréal pour les Sourds Inc.
Montreal Oral School for the Deaf Inc.

The Montreal Oral School for the Deaf Inc. was founded in 1950 by a group of parents. It is a day school serving children from age 3 years to 18 years (open). Free tuition (private and government funding). Programs include integrated nursery, self-contained classes, units and mainstreaming with full support. Auxiliary staff provided are audiologist, technician, psychologist and social worker. Affiliated with McGill University. Close liaison with local assessment and theraphy centers. Parent participation is stressed.

5000 Avenue Iona
Montreal H3W 2A2, Que., Canada
(514) 739-8166
Doctor Agnes Phillips, Director

The Vancouver Oral Centre was founded in 1970 by a group of parents. It has developed a comprehensive day programme designed not just for the hearing impaired child but for the entire family with five divisions: 1) parent/infant training which takes place in the home; 2) pre-school Kindergarten classes; 3) primary classes; 4) itinerant services for integrated students; 5) parent education. The programme gives emphasis to development of the child's auditory, speech, language and thinking skills. Fees are structured on a sliding scale so all qualified children may attend regardless of ability to pay - $1,000.00 is the maximum per year.

4824 Commercial
Vancouver V5N 4H1
British Columbia, Canada
874-0255
Mrs. Hilda Gregory, Director

FORT LAUDERDALE ORAL SCHOOL

The Fort Lauderdale Oral School, founded in 1958 by Mary Kay Van Wyk, affords individualized attention, special learning and speech and language needs to hearing impaired children (preschool - 8th grade, Tuition $4,000.00 residential, $2,500.00 days). A new five-year plan initiated in 1980 expanded on the original charge: the Educational Center presents seminars by eminent international authorities in oral education; an infant (0-3 years)/parent program provides speech and language learning and parent counseling; and a demonstration center exhibiting assistive devices to help the hearing impaired have been implemented.

3100 S.W. 8th Avenue
Ft. Lauderdale, Fla. 33315
(305) 525-7251
Doctor Marya P. Mavilya, Director

Robert McCord Oral School

Robert McCord Oral School serves hearing impaired children with moderate, severe, and profound losses. Services Offered - no minimum age- preschool and kindergarten; auditory oral speech and language development; auditory training; parent participation; individualized instruction, and resource tutoring for older children mainstreamed into regular school classes. It was founded in 1962 by Ethel Denney Bolesta and Parents Group (President was Lt. Col Robert McCord). Tuition is $85.00 per month for eleven months. All children are already on scholarship basis. Applications accepted for additional help when needed.

4016 Estrella Street
P.O. Box 10934
Tampa, Florida 33679
(813) 251-6445
Mrs. Ethel Bolesta, MNCTD, Director

Atlanta Speech School

INCORPORATED

The Atlanta Speech School, a comprehensive center for communication disorders of all types, was founded in 1938 by Katherine Cathcart Hamm with the support of the Junior League of Atlanta. The Oral School serves hearing impaired children from infancy through primary school age in a wide range of oral programs: from highly auditory to highly visual; from support services for fully mainstreamed children to full-time special classes with partial mainstreaming. Tuition includes ongoing audiological and educational evaluation. Scholarships are available according to financial need.

3160 Northside Parkway, N.W.
Atlanta, Georgia 30327
(404) 233-5332
Mrs. Julia Hand, Director

AUDITORY EDUCATIONAL CLINIC, INC.

Founded by Ellen A. Rhoades and Beth Mahaffey in 1977. Serves families with hearing-impaired kids from birth to 16 years of age. Primarily serves Georgia residents. Tuition based on hourly rate; limited scholarships available. Provides parent-oriented educational program for hearing impaired children based on unisensory or auditory-verbal approach, where residual hearing is developed to maximum, regardless of severity of deafness. Primary eligibility criteria: child's deafness is primary handicap; parents must actively participate. Direct services include: evaluation of oral communication skills, weekly home visits and parent demo-therapy sessions for development of listening, speech, auditory and language skills, individual and group parent meetings, ongoing audiological management, monthly mainstreaming visits, referral program and coordination with other agencies to meet family needs, and parent-child lending libraries of toys, books and hearing aids. All preschool children required to be enrolled in neighborhood schools for normally hearing, non-handicapped children, with support provided for preschool teachers.

3016 Lanier Drive
Atlanta, Georgia 30319
(404) 237-6141
Mrs. Ellen A. Rhoades, Ed.S., Exec. Director

LEXINGTON HEARING & SPEECH CENTER

The Lexington Hearing & Speech Center offers speech and hearing services and preschool education for hearing impaired children 0-7 years of age. The staff consists of a parent specialist, an early childhood education specialist, certified teachers of the hearing impaired, an audiologist, a speech therapist and administrative personnel. Parent Infant training precedes daily class placement at 2 1/2. Both oral and total communication classes are offered and are accompanied by a strong parent program. Approximately 30 children are enrolled. Fees are based on income. The Center is supported by the United Way, tuition, and donations.

158 N. Ashland Ave.
Lexington, Ky. 40502
(606) 266-6857
Mrs. Jane Midkiff Polk, Exec. Director

THE LOUISVILLE DEAF ORAL SCHOOL

The Louisville Deaf Oral School - a private pre-school serving hearing impaired children 0 - 6 and their families since 1948. The services include: diagnostic evaluations, counseling, a parent-infant program, a daily pre-school program, and parent education. The staff includes trained teachers of the hearing impaired, educational audiologist, speech pathologist, child psychologist, early childhood specialist, parent infant therapist and administrative staff. The program emphasizes the cognitive development of each child as well as use of residual hearing, and speech and language development. No tuition for Jefferson County residents.

414 West Ormsby Ave.
Louisville, Ky. 40203
(502) 636-2084
Mrs. Kathleen Daniel, Educational Director

CHINCHUBA INSTITUTE FOR THE DEAF

Chinchuba Institute, founded in 1890 by the School Sisters of Notre Dame, is operated by Associated Catholic Charities of New Orleans. Seventy children, (1-16), make up the student body, with 50% receiving part of their academic instruction at nearby private schools. Services include: speech theraphy, auditory management, parent-infant education, Pre-Kindergarten-8th academic program and resource placement. Cost for 1982-83 is $8,000.00; however scholarships reduce each family's tuition to $500.00 - $1,500.00. A work-study program is available.

1131 Barataria
P.O. Box 187
Marrero, Louisiana 70072
(504) 340-9261
Mrs. Lynn Busenbark, Director

The Clarke School for the Deaf

Clarke School for the Deaf consists of a continuum of services which, since our founding in 1867, has focused upon providing the opportunity for deaf children to use the English language in oral and written form. THE CLINICS provide audiologists, psychologists, and speech, language, and educational evaluators to assess and define the needs of hearing-impaired children. THE PARENT-INFANT COUNSELING PROGRAM helps families of young hearing-impaired children learn how to maximize the child's learning experiences. THE INTEGRATED PRE-SCHOOL provides individual speech and language intervention as well as social interaction. THE ORAL SCHOOL provides a full curriculm for deaf students who benefit from oral instruction in a campus-based, day or residential (7-day if desired) program, through a lower, middle, and upper school which attempts to place students into high schools with hearing children, or places them in the main-stream earlier if they are ready. THE MAINSTREAM SERVICE, with over one hundred years of experience, prepares receiving schools to deal effectively with deaf students and offers continuing support to the schools as needed. Students are currently mainstreamed successfully from Florida to

Canada. THE RESEARCH DEPARTMENT conducts projects in the heredity of deafness, psychology, audiology, language development, and computer usage, and coordinates efforts with several colleges and universities in the area. THE SMITH/CLARKE PROFESSIONAL TRAINING PROGRAM trains tomorrows' professionals from throughout America and the world. It is the combination of the people in these components and the resources in this area that makes CLARKE SCHOOL FOR THE DEAF a very Special place. SCHOLARSHIP AID AVAILABLE.

Round Hill Rd.
Northampton, Mass. 01060
(413) 584-3450
Doctor Dennis Gjerdingen, President
Mr. Bill Blevins, Asst. to the President

MAGNOLIA SPEECH SCHOOL FOR THE DEAF

Magnolia Speech School was chartered by the State of Mississippi in 1956 to provide an oral educational program for deaf children. In order to achieve this purpose the school offers a variety of services including: an intensive parent-training program, comprehensive evaluation services, day classroom programs for children 18 months to 17 years of age, a supervised foster home program, hearing clinician services for mainstreamed deaf children, and consultation services for parents of hearing impaired children. Scholarships are available on a limited basis. The school specializes in very young profoundly deaf children and currently has a successful mainstreaming rate of over 90% for children enrolling below age 2.

733 Flag Chapel Rd.
Jackson, Mississippi 39209
(601) 922-5530
Mr. Charles L. Gammel, Director

St. Joseph Institute for the Deaf

St. Joseph Institute for the Deaf, founded in 1837, is a private, Catholic day and residential pre-school and elementary program for severely and profoundly hearing impaired children. The philosophy is auditory-oral. The institution is owned and operated by the Sisters of St. Joseph of Carondelet. It is supported by tuition, gifts, donations and United Way funds. Children of all races, colors and creeds are accepted. A Parent-Infant Program is also available for children (birth to 3 1/2 years of age) and their parents.

1483 82nd Blvd.
St. Louis, MO 63132
(314) 993-1507
Sr. Julie Guilliot, Director
Mrs. Mary Ann Thomas, Principal

United Way

the omaha hearing school for children, inc.
1110 north 66th street
omaha, nebraska 68132
telephone (402) 558 1546

The Omaha Hearing School for Children, Inc., founded in 1952 by four Omaha Ear, Nose and Throat doctors, serves hearing impaired students from birth to age eight. A Parent-Infant program offers a parent-centered approach to auditory, language and speech development. We offer a variety of class placements designed to meet the needs of our students including at least, nursery, pre-school and kindergarten groups. A significant part of our program is individual tutoring in addition to or instead of class placement.

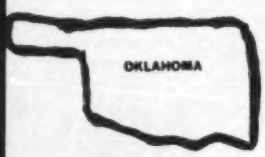
1110 North 66th Street
Omaha, Nebraska 68132
(402) 558-1546
Ms. Patti Sheehy, Director

Lexington School For The Deaf

The Lexington School for the Deaf was founded in New York City in 1867. For over 115 years, the school has been a world-renowned leader in the education of deaf infants, children and adolescents in infant, preschool, elementary and secondary programs. Special programs for the multiply handicapped are also available, including classes for the mentally retarded and emotionally disturbed deaf child. The school curriculum features speech and auditory training, all school subjects and extensive physical activities. The modern school plant is equipped with a library-media center, auditorium, pool, gymnasium and athletic fields. Guidance, health services and audiological services are available for all children.

30th Ave. & 75th St.
Jackson Heights, N.Y. 11370
(212) 899-8800
Doctor Leo E. Connor, Administrator

Jane Brooks Foundation



Jane Brook School, founded by Margaret Brook in 1929, is an experience-centered, language-oriented, academic environment providing an opportunity for oralism for deaf children. Focus is on meaningful acoustic input, speech reading skills, responsive speech with controlled mainstreaming. Enrollment: pre-schoolers through 9th grade graduates, day or residential; tuition, R/B: Oklahoma Transfers, Out of State Students - $3,500.00 (partial scholarships available); local students-no charges; special services- parent-infant program, driver's education, dance program, social development in achievement of our GOAL: HOMETOWN HIGH SCHOOL, U.S.A.

226 S. 7th, P.O. Box 669
Chickasha, Okla. 73018
(405) 224-3500
Mrs. Jane Harris, Director

TUCKER-MAXON ORAL SCHOOL

Tucker-Maxon was founded in 1948 by five families of hearing-impaired children. Program includes parent-infant center, self contained classes, partial and full mainstreaming with resource support. Children are served from birth through fifteen years. Enrollment requires parent commitment to participate actively in educational program. Tuition for 1982-83 school year is $1125.00 for parent - infant program; $2250.00 for school programs. Limited scholarship assistance available. Out of area students are housed in boarding homes.

2960 S.E. Holgate Blvd.
Portland, Oregon 97202
(503) 235-6551
Mr. Patrick Stone, Director

Archbishop Ryan Memorial Institute for the Deaf

The Archbishop Ryan Memorial Institute is part of the Special Education Department of the Office of Catholic Education of the Archdiocese of Philadelphia. Established in 1912, as a memorial to the Archbishop who was known for his interest in the deaf child, this day school subscribes to the oral philosophy of education, and offers programs on a continuum from Parent-Infant through Preschool and the elementary grades, all tuition-free. Total mainstreaming is done when feasible. Admission to Preschool at 2 years. Free transportation in Phila. county.

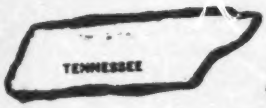
3509 Spring Garden Street
Philadelphia, Penna. 19104
(215) 387-1711
Sr. Miriam Ester Naughton, Principal

DE PAUL INSTITUTE

DePaul Institute,(Pittsburgh Pennsylvania) is a private day school committed to quality education for hearing impaired children. It provides an auditory oral approach to learning from birth through the late-teen years. The Parent-Infant Program services children from birth through age two. From this level they proceed on through the nursery, readiness, primary, intermediate, and junior high levels. At any point during their school life they may be evaluated and determined ready for mainstreaming into the regular public or private school with hearing peers.

Castlegate Avenue
Pittsburgh, Pennsylvania 15226
(412) 561-4848
Sr. Philomena Mannion, Principal

MEMPHIS ORAL SCHOOL FOR THE DEAF



Memphis Oral School is a birth - 9 program for children with a hearing-impairment. Parent/Infant Training Sessions are provided on a weekly basis. In addition, Nursery, Preschool and Primary classes are held daily. Emphasis is on the auditory/oral approach to developing communication skills. Parents play a vital role in the training of the children. The parent education program provides home visits, demonstration teaching, individual and group discussion, and classroom observation to coordinate home and school activities. Project HI-PHI home based sessions held weekly. Monthly child-oriented guidance sessions are led by a parent counselor. Evening meetings are held once a month so that all family members have an opportunity to share in the planning and training of the child. In addition, Saturday workshops are provided. The goal is to mainstream the child with hearing children at the earliest opportunity. The geographical area served includes West Tennessee, primarily Memphis and Shelby County, North Mississippi, Eastern Arkansas, Southeast Missouri. Sliding fee scale, financial assistance available.

40 East Parkway South
Memphis, Tennessee 38104
(901) 323-4571
Mrs. Joan H. Ward, Director

United Way

HSDC

HOUSTON SCHOOL FOR DEAF CHILDREN

Founded as a day school in 1947, the primary goal of the Houston School for Deaf Children is to provide appropriate auditory/oral options for hearing impaired children and their families based on their individual needs. Five basic programs are in operation serving children from birth through high school: Parent-Infant; Preschool; Elementary; Mainstream and Enrichment (P.E., dance, music, art). Other full-time services include Educational Audiology, Speech Pathology and Educational Diagnostics. Tuition is on a sliding scale.

3636 W. Dallas
Houston, Texas 77019
(713) 523-3633
Doctor Ned A. Van Maanen, Director

Sunshine Cottage
SCHOOL FOR DEAF CHILDREN

Sunshine Cottage School is a private institution located in San Antonio, Texas. It has an enrollment of 102 students, ranging in ages from 6 months to 17 years. The school is committed to maximum use of residual hearing and early dependence upon speech. The school's departments include: Parent/Infant Program (ages 0 - 3); Preschool - Kindergarten (ages 3 - 6); (One half of the students have normal hearing and are enrolled to stimulate the speech and language of profoundly deaf classmates). Elementary - Middle School - Secondary: may either be "on-campus" or in our mainstream program with a cooperating public school district.

103 Tuleta Drive
San Antonio, Texas 78212
(512) 824-0579
Doctor Wallace Bruce, Director